**November 30, 2011**

**How religious leaders are coping with difficulties relating to the war on HIV**

By NYOKABI KAMAU

The World Aids Day is with us again and the theme for this year is zero new infections. We celebrate this day a week after religious leaders representing all main faiths in this country met for a two-day conference under the auspices of the National Aids Control Council.

The objective of the meeting was to allow these leaders a forum where they could deliberate on the theme: “*Doing more doing better: Towards zero new HIV infections”.*

These leaders, men and women, acknowledged that as a community of faith. They have faced many challenges in their struggle to overcome this pandemic.

Some of these difficulties are: environments where unsafe practices and behaviours appear to be the easier option and become routine; addressing the complexities of sex and sexuality; instances where some faith leaders ask their congregants to abandon taking antiretroviral drugs in the belief that they have been healed; and issues of gender — where men continue to wield power over women, in many instances leading to increased vulnerability to HIV infections.

Others are different forms of shame, stigma, silence and discrimination which have killed more people than Aids itself; and inaction leading to many HIV-related illnesses that could have been prevented had action been taken early.

One such challenge was shared by a speaker regarding a conversation he had with some journalists at the meeting. Since many of those at the meeting are themselves living with HIV, some journalists were wondering if it was safe to eat food from the same containers as persons living with HIV.

Sadly, these are the people who have been given the responsibility to write and speak about HIV and Aids using messages that should help reduce stigma, shame and discrimination and promote safer practices.

Other leaders said that even though the theme of the meeting was doing more and doing it better, they still have no clue what some of these terms like stigma, shame and denial actually mean.

The religious leaders did, however, acknowledge that despite the challenges, they can start to act differently to achieve zero new infections.

They, among other things, committed to:

•Employ a new integrated approach that is stigma-free;

•Lead by example in areas of counselling and testing;

•Embrace a combined faith and medicine prevention and treatment approach;

•Explore new ways of thinking that demystify sex and sexuality and that result in mutual respect and dignity for both men and women with regard to matters of sexuality;

•Advocate local financing of HIV programmes;

•Create new and strengthen existing private/public and faith-based communities’ partnerships;

•Identify and effectively use champions among the faith-based communities (especially those who have openly declared their HIV status).

The religious leaders recognised that achieving zero new infections can be done in Kenya given that some countries in the world have already declared they have won the battle against Aids.

Switzerland, which declared a few years ago that it had won this battle, was given as an example. Besides having more resources, a country like Switzerland is known for good leadership and a less judgmental approach towards sex and sexuality.

On this, I recall a comment made by my 18-year-old nephew who is a Swiss citizen, when he heard that his Kenyan cousin had given birth at the age of 17. He asked: Don’t they have condoms in Kenya?

To the young man, it does not make any sense for his cousin to have a child while still in school yet there are known methods of prevention.

That is in itself an indication of the kind of environment the young man has grown up in where the issue of sexuality especially for youth is treated from a broader perspective rather than just morality.

Hence, to defeat Aids, Kenya will require leaders who, according to Canon Byamugisha (a Ugandan clergyman living with HIV for over 20 years), are willing to take their people where they ought to go and not where they want to go.

This may require changing rules that worked in the past and make new ones that will work with increased knowledge of how HIV is transmitted and how it can be prevented.

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